

This report was submitted to AHCCCS on
11/29/07 and is pending final approval.



**Quarterly Contractor Performance Improvement
Activity Report**

Quarter 1 Fiscal Year 2008

Introduction

The Quarterly Contractor Open Performance Improvement Initiatives Report presents a distribution and analysis of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) contractors' performance on open quality improvement measures. Data is presented by Regional Behavioral Health Authority (RBHA), Geographic Service Area (GSA) and population: Adult and Child. Data for the following measures are presented in this report:

- Access to Care
- Coordination of Care
- Appropriateness of Services
- Sufficiency of Assessments

ADHS/DBHS' methodologies for the aforementioned measures are included as attachments to this report. The following table represents each RBHA's Q108 performance on these indicators along with statewide results. Data for Maricopa County is represented by two months (July and August 2007) of performance data submitted by ValueOptions and one month (September 2007) of performance data submitted by the new Maricopa County RBHA, Magellan. The Q208 Open Performance Improvement Activities Report will represent only Magellan data for Maricopa County.

RBHA	Access to Care 7 Day		Access to Care 23 Day		Coordination of Care 1		Coordination of Care 2		Appropriateness of Services		Sufficiency of Assessments	
	MPS: 85%		MPS: 85%		MPS: 80%		MPS: 70%		MPS: 85%		MPS: 85%	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
CBH AZ 2	99%	94%	93%	94%	50%	85%	0%	0%	74%	77%	93%	93%
CBH AZ 4	97%	100%	79%	86%	50%	46%	0%	0%	95%	87%	94%	94%
CPSA 3	98%	98%	96%	90%	67%	79%	50%	67%	86%	84%	82%	82%
CPSA 5	98%	98%	89%	77%	38%	90%	41%	29%	92%	81%	99%	99%
Maricopa	93%	98%	81%	92%	0%	51%	0%	0%	90%	86%	70%	70%
NARBHA	90%	93%	86%	91%	0%	84%	88%	85%	96%	83%	98%	98%
Statewide	94%	97%	84%	89%	43%	72%	50%	46%	88%	82%	89%	89%

Highlighted denotes non-compliance

Analysis

Access to Care

Performance on the Access to Care measure is analyzed on two comprehensive areas of service:

- Access to Care – 7 Day: Measures the percentage of referrals that meet the requirement of appointment availability within 7 days of referral for the total referrals reviewed.
- Access to Care – 23 Day: Measures the percentage of clients that received a mental health service within 23 days of assessment.

Statewide performance on Access to Care 7 Day measure:

All RBHAs are above the minimum performance score of 85% for both Adult and Child populations, continuing an upward trend of compliance from FY07.

Statewide performance on Access to Care 23 Day measure:

Children

Statewide performance on Access to Care – 23 Day indicates that the overall score for the Child population fell short of the minimum performance score at 84%. This is attributed to CBH AZ 4 that scored 79% on this measure for the Child population and Maricopa County that scored 81%. Q108 marks the fourth consecutive quarter that CBH AZ 4 did not meet minimum compliance for this standard. CBH AZ was sanctioned \$10,000 for non-compliance after ongoing technical assistance from ADHS/DBHS, performance improvement plans and CAPS did not evidence an increase in performance.

CBH AZ recently established a GSA 4-wide Access to Care Performance Committee to address this measure with providers it has identified as non-compliant. CBH AZ is in the process of conducting research from a claims perspective, including third party liability issues that are believed to be a factor contributing to its non-compliance. CBH AZ will provide ADHS/DBHS summary findings that result from the meetings as well as its on-going performance monitoring reports. ADHS/DBHS intends to defer further disciplinary action against CBH AZ for poor performance on this measure until performance is assessed for Q308. ADHS/DBHS is optimistic that ongoing technical assistance on this measure as well as other areas of the RBHA's operations will result in improved performance.

As the data for Maricopa County represents performance that may be largely attributed to the previous Contractor, ADHS/DBHS will provide technical assistance to Magellan and continue to monitor its performance on this standard.

Adults

The overall score for the Adult population exceeded the minimum performance score at 89%. However, CPSA 5 is below the minimum performance score on this measure for the fourth consecutive quarter. CPSA was sanctioned \$40,000 for non-compliance after ongoing technical assistance from ADHS/DBHS, performance improvement plans and Corrective Action Plans (CAPS) did not evidence an increase in performance. ADHS/DBHS has referred this issue to its Bureau of Compliance for further action to resolve CPSA's non-compliance with this measure.

CPSA has identified assessment encounter submission problems some of its providers are experiencing as the major factor that has prevented GSA 5's compliance with this measure. The RBHA has worked with its providers to receive all encounters on a weekly basis and a roster reconciliation report whereby case-by-case discrepancies are resolved. CPSA has been directed to include this Access to Care measure on its quality management monitoring tool and report findings to ADHS/DBHS on a quarterly basis.

Coordination of Care

Performance on the Coordination of Care measure is analyzed on two comprehensive areas of chart documentation:

- Coordination of Care 1 (COC 1): Behavioral health service providers communicate with and attempt to coordinate care with the behavioral health recipient's acute health plan Primary Care Provider (PCP). COC 1 measures performance on this standard for Seriously Mentally Ill (SMI) Adults or any enrolled member with a chronic medical condition diagnosis on Axis III.
- Coordination of Care 2 (COC 2): The disposition of the referral is communicated to the PCP/Health Plan within 30 days of the initial assessment or, if services are declined by the referred person, within 30 days of the referral. COC 2 measures performance on this standard for all new referrals where the referral source is an AHCCCS Health Plan/Provider.

Children

Statewide performance on COC 1 for Children fell below the minimum performance score at 43%. Performance on this measure in Fiscal Year 06 (FY06) reflected an overall statewide score of 83.3% as measured through the Independent Case Review (ICR). The low performance for this measure may be attributed to the change in methodology this quarter, as the sample frame is specific to the target population and is statistically significant at a 90% confidence interval +/- 5%, in comparison to the sampling for the Independent Case Review, which was a sub-sample and not statistically significant for this population. While no RBHA met the minimum performance score for this measure, outliers can be applied to NARBHA and Maricopa County as both RBHAs were at 0% compliance. It should be noted that the score for Maricopa County is impacted by the fact that only one Child had a chronic medical condition on Axis III to qualify for assessment on this measure. ADHS/DBHS communicates with Magellan (Maricopa County) on a regular basis, including twice weekly conference calls between Magellan IT staff and ADHS/DBHS IT, Program Support and Quality Management staff to resolve problems Magellan has with submission of data to the ADHS/DBHS Client Information System (CIS). ADHS/DBHS is currently testing the RBHAs submissions for accuracy and logic.

COC 2 performance indicates a higher overall statewide score than COC 1, at 50%. However, performance on this measure in Quarter 1 FY 08 (Q108) fell below the minimum performance score of 70%. Review of FY06 scores on this standard as measured through the ICR indicates a statewide compliance rate of 73.3%. Again, the difference in performance scores in Q108 may be attributed to the change in methodology for this measure. Outliers for COC 2 can be applied to Cenpatico (CBH AZ 2&4) as well as Maricopa County. ADHS/DBHS believes the current methodology reflects a more accurate snapshot of performance on this measure and indicates targeted areas for improvement.

ADHS/DBHS provides technical assistance to the RBHAs to improve performance and promote education surrounding the documentation requirements of this measure. For

Q208 measurement ADHS/DBHS has streamlined the process by which the RBHAs will submit evidence of chart documentation.

Adults

Statewide performance on COC 1 for Adults reflected a higher rate of compliance than that of Children, at 72%. Performance on this measure in Q108 is below the minimum performance score of 80%. FY06 data reflects a compliance rate of 71.3% as measured through the ICR. Outliers for this measure can be applied to CBH AZ 4 and Maricopa County. Of note is that CBH AZ 2, CPSA 5 and NARBHA were above the minimum performance score at 85%, 90% and 84%, respectively.

Statewide COC 2 performance for Adults reflects a lower performance score than COC 1 at 46%. Outliers for poor performance on this standard can be applied to CBH AZ 2 & 4 and Maricopa. As compared to FY06 ICR results on this measure, Q108 performance fell from 91.3%. However, caution in comparative analysis should be used as the change in methodology for this measure in FY08 reflects an objective, systemic overview of statewide performance on this standard, thereby indicating targeted areas for improvement.

ADHS/DBHS is requiring Corrective Action Plans of all RBHAs demonstrating Q108 non-compliance on the Coordination of Care measures. As this is the first reporting quarter that the new methodology for measuring Coordination of Care has been applied, it is expected that continued technical assistance and the streamlining of processes involved will result in improved performance.

Appropriateness of Services

Measurement of performance on the Appropriateness of Services standard is conducted via chart review and encounter data validation, stratified as follows:

- RBHA
- Adults
- Children

Performance on Appropriateness of Services is measured through charts reviewed during the ADHS/DBHS Administrative Review. ADHS/DBHS reviews 40 charts per RBHA, consisting of 10 records per population: SMI, GMH, SA, and Child. Performance indicated for the Adult population is the aggregated performance for SMI, GMH, and SA.

Children

Statewide performance for the Child population exceeded the minimum requirement of 85% at 88% compliance. Compared to 2006 ICR results, performance fell from 98%. However, consideration should be given to the impact of change in methodology as stated in discussion relative to the Coordination of Care measures.

Adults

Statewide performance for Adults was lower than that of Children, at 82%, which is also below the 96% that resulted from 2006 ICR scores. Again, comparative analysis between the two methodologies should be avoided.

The ADHS/DBHS Clinical Operations Department has required all RBHAs that did not meet the requirement on this measure to develop Corrective Action Plans. They will continue to monitor their providers and report results to ADHS/DBHS quarterly.

Sufficiency of Assessments

Measurement of performance on the Sufficiency of Assessments standard is conducted via the ADHS/DBHS Client Information System (CIS) data validation and stratified as follows:

- RBHA
- Adults
- Children

Children

Statewide performance on this measure for the Child population exceeded the minimum performance score of 85% at a rate of 89% compliance. A comparison to results from the 2006 ICR indicates an improvement in Q108 from 78.1%. Targeted improvement efforts initiated by ADHS/DBHS and the RBHAs over FY07 are reflected in the improvement in performance on this standard. ADHS/DBHS and the RBHAs are dedicated to providing clinically sound, comprehensive assessments for behavioral health recipients and have included this measure as part of their Quality Management/Utilization Management Plans.

Adults

Statewide performance on this measure for the Adult population also exceeded the minimum performance score at a compliance rate of 89%. As compared to the 2006 ICR measurement, the RBHAs increased performance from 76.1%. Again, targeted performance efforts initiated by ADHS/DBHS and the RBHAs are reflected in the performance improvement on this standard.

It should be observed that for Q108 performance by population, the percentages are the same for Child and Adult. For this reporting quarter, performance as calculated for both populations combined (as indicated for either population) is reliable. ADHS/DBHS is working to improve its CIS data extraction process to ensure the accuracy of population-specific performance numbers for Q208.

It should also be noted that Magellan, whose records account for one month of performance data, has been experiencing challenges with submission of demographic data to CIS. This impacted the overall performance for Maricopa County on this performance measure. ADHS/DBHS and Magellan are communicating to resolve these issues and are currently testing submissions for accuracy and logic

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ADHS/DBHS has begun an Assessment/Service Plan workgroup to streamline the service plan and assessment templates as well as develop a comprehensive training module to be conducted by ADHS/DBHS at each RBHA.

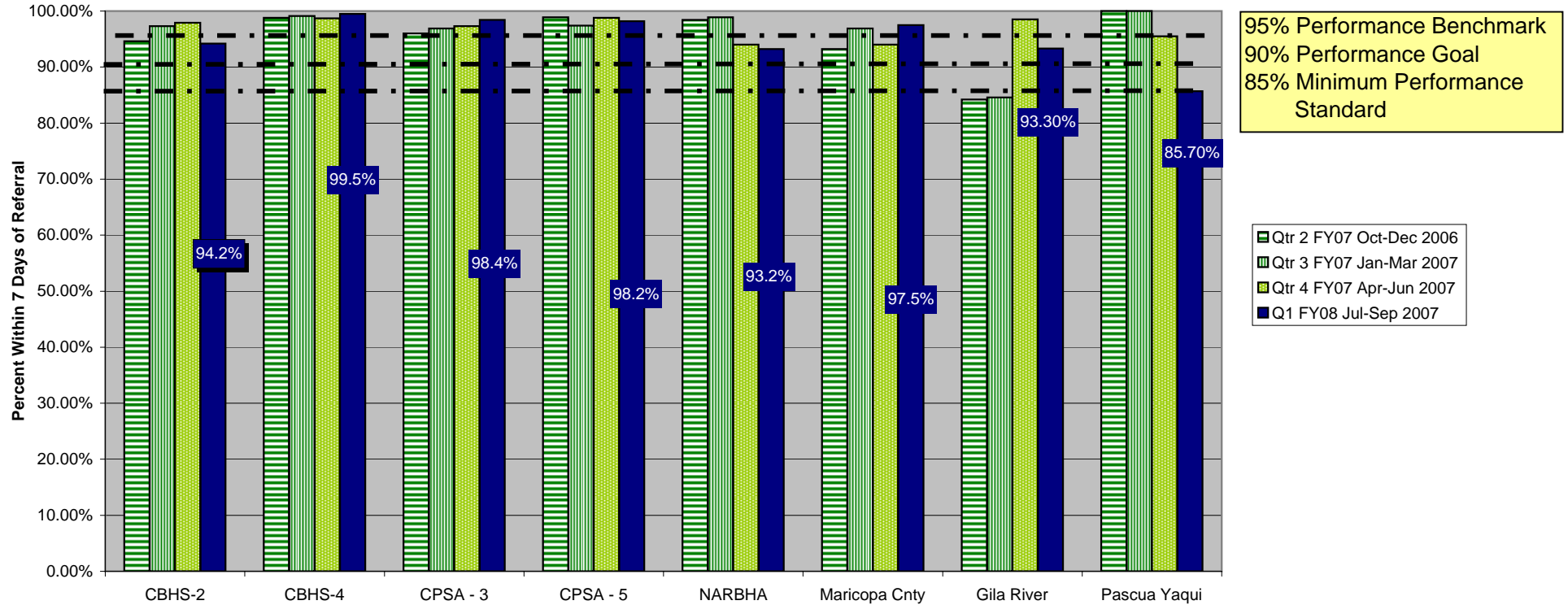
Conclusion

The methodology used to assess three of the four performance measures contained in this report is new this reporting quarter. As discussed with AHCCCS over the past year, it is ADHS/DBHS' assertion that RBHA performances on Coordination of Care, Appropriateness of Services, and Sufficiency of Assessments are more accurately assessed through the new methodologies rather than the previously used ICR. Quarterly reporting will reflect more current performance for direct, timely feedback to the RBHAs and the use of data in ADHS/DBHS' Client Information System enables assessment based on a larger client base.

It is ADHS/DBHS' intent to work closely with the RBHAs in providing technical assistance on the new methodologies and ensure their timely response in the implementation of improvement activities indicated by their performance.

Routine Appointment for Initial Assessment Within 7 Days of Referral

Adult Referrals - Statewide, Title XIX/XXI Clients, by GSA

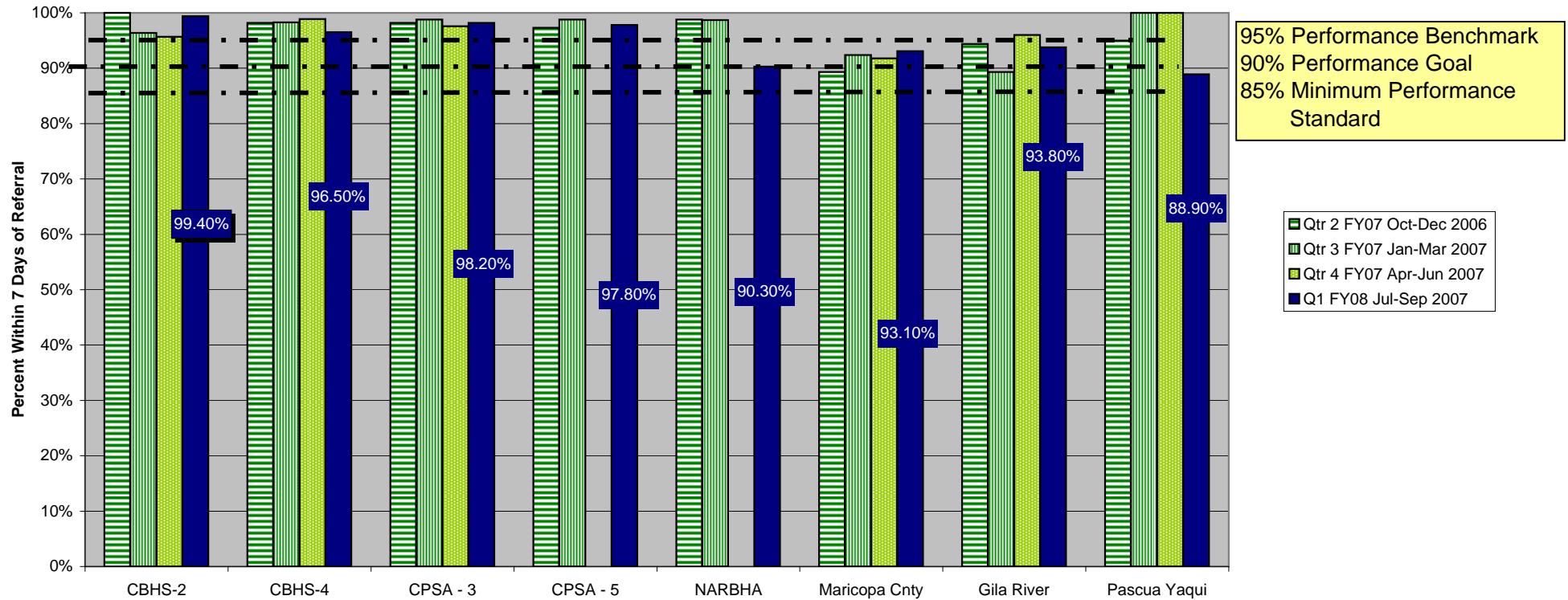


Qtr 1 FY08 Jul-Sep 2007	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	NARBHA	*Maricopa Cnty	Gila River	Pascua Yaqui	Statewide
Total Adult Referrals	378	836	438	1,229	1,686	4,931	45	35	9,578
Quarterly Compliance	94.2%	99.5%	98.4%	98.2%	93.2%	97.5%	93.3%	85.7%	96.9%

*Maricopa County RBHA was ValueOptions July-August 2007; Magellan September 2007

Routine Appointment for Initial Assessment Within 7 Days of Referral

Child Referrals - Statewide, Title XIX/XXI Clients, by GSA



Qtr 1 FY08 Jul-Sep 2007	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	NARBHA	*Maricopa Cnty	Gila River	Pascua Yaqui	Statewide
Total Child Referrals	160	427	225	1,157	732	2,765	80	27	5,593
Quarterly Compliance	99.4%	96.5%	98.2%	97.8%	90.3%	93.1%	93.8%	88.9%	94.0%

*Maricopa County RBHA was ValueOptions July-August 2007; Magellan September 2007

Access to Care / Appointment Availability

Quarter 1 through Quarter 4 FY2007

Dates of Enrollment Reported for July 1, 2006 - June 30, 2007 - Title XIX / XXI Only

Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment

All Populations (Adult + Child)

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	2580	2062	79.92%	1933	93.74%
CBHS 4	5033	4013	79.73%	3365	83.85%
CPSA 3	3221	2792	86.68%	2565	91.87%
CPSA 5	13049	9139	70.04%	7529	82.38%
NARBHA	8850	7381	83.40%	6582	89.17%
ValueOptions	38872	27811	71.55%	24510	88.13%
TOTALS	71,605	53,198	74.29%	46,484	87.38%

Adult Population

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	1672	1392	83.25%	1307	93.89%
CBHS 4	3171	2632	83.00%	2272	86.32%
CPSA 3	2126	1817	85.47%	1629	89.65%
CPSA 5	7991	4804	60.12%	3676	76.52%
NARBHA	6201	5157	83.16%	4680	90.75%
ValueOptions	25923	17558	67.73%	16208	92.31%
TOTALS	47,084	33,360	70.85%	29,772	89.24%

Child Population

	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 65% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
RBHA:					
CBHS 2	908	670	73.79%	626	93.43%
CBHS 4	1862	1381	74.17%	1093	79.15%
CPSA 3	1095	975	89.04%	936	96.00%
CPSA 5	5058	4335	85.71%	3853	88.88%
NARBHA	2649	2224	83.96%	1902	85.52%
ValueOptions	12949	10253	79.18%	8302	80.97%
TOTALS	24,521	19,838	80.90%	16,712	84.24%

Data Source: H78 Snap Encounter (10/31/07)

APPOINTMENT AVAILABILITY FOR INITIAL ASSESSMENT

DESCRIPTION

Appointment availability for routine assessments within 7 days of referral.

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	90%
Benchmark:	95%

METHODOLOGY

Population

All Title XIX/XXI eligible adults and children who were referred for a routine assessment during the measurement period.

Reporting Frequency

Quarterly.

Data Source

The T/RBHAs provide ADHS with logs containing all routine Title XIX/XXI referrals received each month. ADHS/DBHS has developed strict guidelines regarding data that is required to be included on the monthly logs. (See Attachment A for file layout) The logs encompass data for all Title XIX/XXI referrals for routine behavioral health services. Non Title XIX referrals may be included on the logs but are not used to calculate performance.

Data Collection

Referral logs are due to ADHS by the 22nd of each month for referrals received during the previous month. For the last month of the quarter, referral logs are due to ADHS by the 15th of the month for referrals received during the previous month. Referral logs, in comma delimited text format, are placed by each T/RBHA in its T/RBHA-specific named folder on the ADHS/DBHS network server.

Calculation

Referrals that contain a “Yes” in the “Title XIX/XXI” field and contain no errors in certain fields are used to calculate compliance with this measure. The following four fields must be error-free:

1. Referral Date
2. First Appointment Offered Date
3. Program Type
4. TXIX/XXI Field

The Referral and First Appointment Offered dates are used to calculate the number of days from Referral to Appointment Offered.

1. Calculate number of days between Referral Date and First Appointment Offered Date. Number of days = Offered Date – Referral Date.
2. Calculate referrals that are in compliance and out of compliance.
 - Referrals with ≤ 7 days from Referral Date to First Appointment Offered Date are in compliance;
 - Referrals with ≥ 8 days from Referral Date to First Appointment Offered Date are non-compliant.
3. Referrals are further stratified by adults and children. Adults are calculated using referrals with S, M, or G indicated as Program Type. Children are calculated using referrals with C or Z indicated as Program Type.

Data Reporting

Monthly data is aggregated for quarterly reporting. Data is reported by GSA and population (child and adult). The quarterly Contractor Performance Improvement Activity Report/Access to Care Report is a contract deliverable, due to AHCCCS each quarter, approximately 45 days after the end of the quarter.

QUALITY CONTROL

ADHS programmatically reviews RBHA-submitted referral logs for completeness and accuracy of Access to Care data submitted. ADHS provides technical assistance to the RBHAs when necessary to improve data collection methods and ensure data submitted to ADHS is valid.

ERROR RATE 5%

All fields on the attached Referral Log Column Layout with the exception of BHS Client ID are considered in the calculation of error rates. Errors are identified as erroneous or missing data in any of the referral log fields except BHS Client ID. Error rates cannot exceed 5% per GSA per reporting quarter. T/RBHAs are subject to corrective action, up to and including sanctions, if the error rate exceeds 5% for two consecutive quarters.

Two calculations are used to report referral log errors:

- 1.) Field percentage of error = Number of field errors / Number of referrals * 100.
Example: 120 Referrals, 3 Errors in “Referral Date” field = $3 / 120 * 100 = 2.5\%$
error rate for “Referral Date” field.
- 2.) Total percentage of error = Total number of errors / (Number of fields * Number of Referrals) * 100.
Example: 120 Referrals, 3 Errors in “Referral Date” field, 4 Errors in “Program Type” field = $7 / (10 * 120) * 100 = .58\%$ total error rate.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

Attachment A

ROUTINE ASSESSMENTS OFFERED WITHIN 7 DAYS OF REFERRAL

REFERRAL LOG COLUMN LAYOUT

Update Date: 10/12/05

Field Name	Definition	Format	Remarks
Title XIX/XXI	Eligibility at Referral.	Text: (1 character) Y, N, U Default: UNKNOWN	Y = Yes, N = No, U = UNKNOWN
Program Type	CHILD, SMI, GMH, SA, SED	Text: C, S, M, G, Z (1 character)	C = Child, S = SMI, M = GMH, G = SA, Z = SED If not enrolled, enter Child or GMH based on age.
Referral Source	Entity or person making referral.	Text: 2 characters Codes match the CIS demographic data definitions for "Referral Source"	01= Self/family/friend 03= Other behavioral health provider 19= Federal agencies (VA, HIS, federal prison, etc.) 35= AHCCCS health plan and/or PCP 36= CPS 24-hour urgent response (child) 37= Community agency other than behavioral health provider (homeless shelter, church, employer) 38= ADES (Other CPS, DDD, RSA) 39= ADE – Department of Education 40= Criminal justice/correctional (includes AAOC probation, ADOC, ADJC, Jail) 41= Other (anything not captured above)
Client Last Name		Text: 15 characters	
Client First Name		Text: 10 characters	
Date of Birth		Text: yyyyymmdd (8 characters)	
BHS Client ID*	ADHS/BHS client ID number.	Text: 10 character	
Referral Date	Date of referral/contact.	Text: yyyyymmdd (8 characters)	
Date First Appointment Offered	Date of first offered appointment.	Text: yyyyymmdd (8 characters)	
Date Appointment Scheduled	Date of actual appointment.	Text: yyyyymmdd (8 characters)	
AHCCCS Provider ID	Agency providing service.	Text: 10 characters	Valid AHCCCS Provider ID

*This field is not mandatory and will not be considered when calculating error rates.

ROUTINE APPOINTMENT FOR ONGOING SERVICES WITHIN 23 DAYS OF INITIAL ASSESSMENT (ASSESSMENT TO FIRST SERVICE)

DESCRIPTION

Provision of a mental health service within 23 days of the behavioral health recipient's initial assessment. Certain rules apply to determine if assessments and/or ongoing services qualify for calculation of this measure. (See Definitions section.)

MINIMUM PERFORMANCE STANDARD

Minimum: 85%
Goal: 90%
Benchmark: 95%

METHODOLOGY

Population

All Title XIX/XXI eligible children and adults with an intake date during the reporting period.

Reporting Frequency

Quarterly. A 3 month lag time is applied to accommodate submission of encounters to the Client Information System (CIS).

Data Source

Snapshot data from CIS System/EDS Intake table/Disenrollment table, Snapshot encounter table.

Definitions

1. Assessment: The ongoing collection and analysis of a person's medical, psychological, psychiatric, and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long-term goals.

The assessment date is obtained from encounter data. The following codes are used to identify an assessment:

- CPT Codes: 90801, 90802, 90885, 96100, 96101, 96102, 96103, 96110, 96111, 96115, 96116, 96117, 96118, 96119, 96120, 99241, 99242, 99243, 99244, 99245, 99271, 99272, 99273, 99274, 99275

- HCPCS Codes: H0002, H2000, H0031 (W4001, W4002, W4005, W4003)

For the purpose of this performance measure, the assessment must occur within 45 days of the intake date.

2. Encounter: A record of a service rendered by a registered AHCCCS provider to an AHCCCS behavioral health recipient enrolled with a capitated contractor on the date of service. RBHAs have 210 days to submit encounter data to ADHS and 120 days to process pended encounter data. Lag time allows for the provider to submit encounter data to the RBHA and, in turn, the RBHA submit the data to ADHS.
3. Intake: The collection by appropriately trained T/RBHA/Provider staff of basic demographic information about a person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any co-payments.
4. Usable Data: Behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter. The assessment must have occurred within 45 days of the intake date. See Attachment B for minimum standards for usable data.
5. Unusable Data: Behavioral health recipients with an intake date during the reporting period but no corresponding assessment encounter data or the assessment occurred more than 45 days after the intake date.
6. First Service: The first service is obtained from the encounter data. There are limitations on the type of billable service rendered within 23 days of assessment that qualify as a first service. The following comprehensive behavioral health service categories are **excluded** as a first service **if it occurs on the same day as the assessment**.
 - A. 2. Assessment, Evaluation and Screening Services
 - B. 3. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
 - B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment
 - C. 2. Laboratory, Radiology and Medical Imaging
 - C. 4. Electro-Convulsive Therapy
 - D. 1. Case Management
 - D. 8. Sign Language or Oral Interpretive Services
 - D. 9. Non-Medically Necessary Covered Services (Flex Fund Services)
 - D. 10. Transportation
 - G. 3. Mental Health Services NOS (Room and Board)
 - I. Prevention Services

Behavioral health recipients may receive any covered service on the same day as the initial assessment, but only included services will be considered in calculation of the performance measure.

See Attachment A for procedure codes that are included/excluded from qualifying as a first service. An assessment provided a minimum of one (1) day after the initial assessment would qualify as a first service.

Calculation

1. ADHS receives the behavioral health recipient enrollment data from the T/RBHAs via the snapshot CIS/EDS Intake/Disenrollment tables.
2. The performance measure has a minimum encounter data submission requirement consistent with Financial Operations. Attachment B outlines minimum performance standards for usable data.
3. The percentage of Usable Enrollments is calculated.
Numerator: Number of Usable Enrollments
Denominator: Total number of Enrollments
4. The percentage compliant with providing a service within 23 days of assessment is calculated.
Numerator: Number of behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter within 45 days of the intake date and with an ongoing service encounter within 23 days of the assessment.
Denominator: Total number of behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter within 45 days of the intake date.

Data Reporting

This performance measure is calculated for the reporting quarter 30 days after the end of the subsequent quarter, allowing a 3 month lag time for encounter submission (i.e., July – September 2006 quarter is calculated in February 2007). Compliance is calculated on cumulative performance for the current reporting quarter and rerun of the previous three quarters to capture additional encounter submissions. Data is reported by GSA and population (child, adult).

The quarterly Contractor Performance Improvement Activity Report/Access to Care Report is a contract deliverable, due to AHCCCS each quarter, approximately 45 days after the end of the quarter.

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

UNUSABLE DATA

In the event that the prevalence of unusable data (intakes without an assessment encounter within 45 days of intake date) prevents assessment of compliance with this performance measure, ADHS may require documentation from medical chart audits to substantiate the provision of service.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
W4084	Include	Behavioral health day program-medical (6 hours or more) (per day	Programs	Medical
W4083	Include	Behavioral health day program-medical (min of 3 hours and less th	Programs	Medical
W4082	Include	Behavioral health day program-medical (60 min.)	Programs	Medical
W4081	Include	Behavioral health day program-medical (6 hours or more) (per day)	Programs	Medical
W4080	Include	Behavioral health day program-medical (min of 3 hours and less th	Programs	Medical
W4079	Include	Behavioral health day program-medical (60 min.)	Programs	Medical
W4078	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Programs	Therapeutic
W4077	Include	Behavioral health day program-therapeutic (min. of 3 hours and le	Programs	Therapeutic
W4076	Include	Behavioral health day program-therapeutic (60 min.)	Programs	Therapeutic
W4075	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Programs	Therapeutic
W4074	Include	Behavioral health day program-therapeutic (min. of 3 hours and le	Programs	Therapeutic
W4073	Include	Behavioral health day program-therapeutic (60 min.)	Programs	Therapeutic
W4072	Include	Behavioral health day program-supervised (6 hours or more) (per d	Programs	Supervised
W4071	Include	Behavioral health day program-supervised (min. of 3 hours and les	Programs	Supervised
W4070	Include	Behavioral health day program-supervised (60 min.)	Programs	Supervised
H2020	Include	Therapeutic behavioral services, per diem	Programs	Therapeutic
H2019	Include	Therapeutic behavioral services day program, per 15 minutes up to	Programs	Therapeutic
H2015	Include	Comprehensive community support services, supervised day program	Programs	Supervised
H2012	Include	Supervised behavioral health day treatment, per hour up to 5 hour	Programs	Supervised
H0037	Include	Community psychiatric supportive treatment medical day program, p	Programs	Medical
H0036	Include	Community psychiatric supportive treatment day program, face-to-f	Programs	Medical
W4063	Include	Crisis intervention mobile team (2 person) (30 min.)	Crisis Intervention Services	Mobile
W4062	Include	Crisis intervention mobile (1 person/out of office) (30 min.)	Crisis Intervention Services	Mobile
W4061	Include	Crisis intervention-urgent (5 to 23 hours) (per visit)	Crisis Intervention Services	Crisis Services
W4060	Include	Crisis intervention-urgent (up to 5 hours) (30 min.)	Crisis Intervention Services	Crisis Services
S9485	Include	Crisis intervention mental health services, per diem	Crisis Intervention Services	Crisis Services
S9484	Include	Crisis intervention mental health service, per hour	Crisis Intervention Services	Crisis Services
H2011	Include	Crisis intervention service, per 15 minutes	Crisis Intervention Services	Crisis Services
99285	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99284	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99283	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99282	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99281	Include	Emergency Dept Visit for the evaluation and management of a patie	Crisis Intervention Services	Crisis Services
99357	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Professional
99356	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Professional
99263	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional

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Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99262	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional
99261	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional
99255	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99254	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99253	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99252	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99251	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99239	Include	Hospital discharge day management; more than 30 minutes	Inpatient Services	Professional
99238	Include	Hospital discharge day management	Inpatient Services	Professional
99236	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99235	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99234	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99233	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99232	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99231	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99223	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99222	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99221	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99220	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Professional
99219	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Professional
99218	Include	Initial observation care, per day, for the evaluation and managem	Inpatient Services	Professional
90829	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90828	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90827	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90826	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90824	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90823	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90822	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90821	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90819	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90818	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90817	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90816	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
W2102	Include	Methadone/LAAM administration (take home one dose per day)	Medical Services	Medication Services
W2101	Include	Methadone/LAAM administration (single dose one per day)	Medical Services	Medication Services
W2100	Include	Psychotropic medication, adjustment and monitoring (15 min.)	Medical Services	Medical Management

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
T1003	Include	LPN Services, up to 15 minutes	Medical Services	Medical Management
T1002	Include	RN services, up to 15 minutes	Medical Services	Medical Management
J3410	Include	Injection, Hydroxyzine HCL, up to 25 mg	Medical Services	Medication Services
J2794	Include	Risperidone Injection, long lasting 0.5 MG	Medical Services	Medication Services
J2680	Include	Injection, fluphenazine decanoate, up to 25 mg.	Medical Services	Medication Services
J1631	Include	Injection, halopridol decanoate, per 50 mg.	Medical Services	Medication Services
J1630	Include	Injection, Haloperidol, up to 5 mg	Medical Services	Medication Services
J1200	Include	Injection, Diphenhydramine HCL, up to 50 mg	Medical Services	Medication Services
J0515	Include	Injection, Benztropine Mesylate, per 1mg	Medical Services	Medication Services
H2010	Include	Comprehensive medication services, per 15 minutes	Medical Services	Medication Services
H0020	Include	Alcohol and/or drug services; methadone administration and/or ser	Medical Services	Medication Services
99355	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99354	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99350	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99349	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99348	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99347	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99345	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99344	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99343	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99342	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99341	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99333	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99332	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99331	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99323	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99322	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99321	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99303	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99302	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99301	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99215	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99214	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99213	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99212	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99211	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management

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(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99205	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99204	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99203	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99202	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99201	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
90862	Include	Pharmacologic management, including prescription, use, and review	Medical Services	Medical Management
90815	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90813	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90811	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90809	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90807	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90805	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90782	Include	Therapeutic or diagnostic injection (specify material injected);	Medical Services	Medication Services
80102	Include	Drug, confirmation, each procedure	Medical Services	and Medical Imaging
80101	Include	Drug screen; single drug class, each drug class	Medical Services	and Medical Imaging
80100	Include	Drug screen; multiple drug class	Medical Services	and Medical Imaging
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
S5110	Include	Home care training, family (family support), per 15 minutes	Prevention Services	Prevention
W4016	Include	Living skills training-extended (1 hour)	Rehabilitation Services	Living Skills Training
W4015	Include	Living skills training-group (per person) (30 min.)	Rehabilitation Services	Living Skills Training
W4006	Include	Living skills training individual (30 min.)	Rehabilitation Services	Living Skills Training
H2017	Include	Psychosocial rehabilitation living skills training services, per	Rehabilitation Services	Living Skills Training
H2014	Include	Skills training and development, per 15 minutes	Rehabilitation Services	Living Skills Training
97532	Include	Development of cognitive skills to improve attention, memory, pro	Rehabilitation Services	Cognitive Rehabilitation
W4052	Include	Level III behavioral health residential facility (per day)	Residential Services	Health Residen
W4051	Include	Level II behavioral health residential facility (per day)	Residential Services	Health Resident
H0019	Include	Behavioral health long-term residential (non-medical, Non-acute),	Residential Services	Health Residen
H0018	Include	Behavioral health short-term residential, without room and board	Residential Services	Health Resident
Z3070	Include	Continuous in-home respite care (per day)	Support Services	Respite Care
Z3060	Include	Short term in-home respite care (60 min.)	Support Services	Respite Care
Z3050	Include	Personal assistance	Support Services	Personal Assistance
W4050	Include	Therapeutic foster care service (per day)	Support Services	Care
W4049	Include	Peer support-group (per person 30 min.)	Support Services	Peer Support
W4048	Include	Peer support-extended (60 min.)	Support Services	Peer Support
W4047	Include	Peer support (30 min.)	Support Services	Peer Support

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
W4046	Include	Family support (30 min.)	Support Services	Family Support
W4045	Include	Personal assistance extended (60 min.)	Support Services	Personal Assistance
W4044	Include	Personal assistance (30 min.)	Support Services	Personal Assistance
T1020	Include	Personal care services, per diem (not for inpatient or residentia	Support Services	Personal Assistance
T1019	Include	Personal care services, per 15 minutes (not for inpatient or resi	Support Services	Personal Assistance
S5151	Include	Unskilled respite care, not hospice, per diem	Support Services	Respite Care
S5150	Include	Unskilled respite care, not hospice, per 15 minutes	Support Services	Respite Care
S5145	Include	Foster care child, per diem	Support Services	Care
S5140	Include	Foster care adult, per diem	Support Services	Care
S2015	Include	Supportive housing assistance	Support Services	Services
H2016	Include	Comprehensive community support services (peer support), per diem	Support Services	Peer Support
H0043	Include	Supported Housing	Support Services	Services
H0038	Include	Self-help/peer services (peer support), per 15 minutes	Support Services	Peer Support
W2351	Include	Office/clinic therapy and counseling-group (per member)(15 min.)	Treatment Services	Counseling, Group
W2350	Include	Office/clinic therapy and counseling-family(15 min.)	Treatment Services	Counseling, Family
W2300	Include	Office/clinic therapy and counseling-individual (15 min.)	Treatment Services	Counseling, Individual
W2152	Include	In-home family therapy/counseling(15 min.)	Treatment Services	Counseling, Family
W2151	Include	In-home individual therapy/counseling	Treatment Services	Counseling, Individual
S6001	Include	Native american traditional healing services (15 minutes)	Treatment Services	Other Professional
H0004	Include	Home, individual behavioral health counseling and therapy, per 15	Treatment Services	Counseling, Individual
H0001	Include	Alcohol and/or drug assessment	Treatment Services	Assessment and
99199	Include	Unlisted special service report	Treatment Services	Other Professional
97781	Include	Acupuncture w stimulation	Treatment Services	Other Professional
97780	Include	Acupuncture w/o stimulation	Treatment Services	Other Professional
90901	Include	Biofeedback training by any modality	Treatment Services	Other Professional
90880	Include	Hypnotherapy	Treatment Services	Counseling, Individual
90876	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90875	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90857	Include	Interactive group psychotherapy (per member)	Treatment Services	Counseling, Group
90853	Include	Group psychotherapy (other than of a multiple-family group) (per	Treatment Services	Counseling, Group
90849	Include	Multiple-family group psychotherapy (per family)	Treatment Services	Counseling, Family
90847	Include	family psychotherapy (conjoint psychotherapy, with patient presen	Treatment Services	Counseling, Family
90846	Include	Family psychotherapy (without the patient present)	Treatment Services	Counseling, Family
90845	Include	Medical psychoanalysis-no units specified	Treatment Services	Counseling, Individual
90814	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90812	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90810	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90808	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90806	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90804	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90802	Include	Interactive psychiatric diagnostic interview examination using pl	Treatment Services	Assessment and
90801	Include	Psychiatric diagnostic interview examination, unit unspecified.	Treatment Services	Assessment and
S0163	Include	Risperidone Injection, long lasting 12.5 MG	UNKNOWN	UNKNOWN
96101	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96102	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96103	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96116	Include	reasoning and	Treatment Services	and
96118	Include	reasoning and	Treatment Services	and
96119	Include	reasoning and	Treatment Services	and
96120	Include	reasoning and	Treatment Services	and
99304	Include	Initial nursing facility care, per day,	Treatment Services	and
99305	Include	Initial nursing facility care, per day,	Treatment Services	and
99306	Include	Initial nursing facility care, per day,	Treatment Services	and
99307	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99308	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99309	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99310	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99318	Include	Evaluation and management of a patient involving an annual	Treatment Services	and
90772	Include	Therapeutic, prophylactic or diagnostic injection	Medical Services	Medication Services
99304	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99305	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99306	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99307	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99308	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99309	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99310	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving	Medical Services	Medical Management
99324	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99325	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99326	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99327	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99328	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99334	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99335	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99336	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99337	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
S9986	Exclude	Not medically necessary service, pt aware that services not medic	Crisis Intervention Services	Crisis Services
99217	Exclude	Observation care Discharge Day Management	Inpatient Services	Professional
G0001	Exclude	Routine venipuncture or finger/heel/ear stick for collection of s	Medical Services	and Medical Imaging
99499	Exclude	Unlisted evaluation and management service	Medical Services	Medical Management
99359	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
99358	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
99316	Exclude	Nursing facility discharge day management, more than 30 minutes.	Medical Services	Medical Management
99315	Exclude	Nursing facility discharge day management, 30 minutes or less	Medical Services	Medical Management
99313	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99312	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99311	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
95819	Exclude	Electroencephalogram (EEG) including recording awake and asleep,	Medical Services	and Medical Imaging
93042	Exclude	Rhythm ECG, one to three leads, interpretation and report only	Medical Services	and Medical Imaging
93041	Exclude	Rhythm ECG, one to three leads, tracing only	Medical Services	and Medical Imaging
93040	Exclude	Rhythm ECG, one to three leads, with interpretation and report	Medical Services	and Medical Imaging
93010	Exclude	Electrocardiogram, routine ECG with at least 12 leads; interpreta	Medical Services	and Medical Imaging
93005	Exclude	Electrocardiogram, routine ECG with at least 12 leads; without in	Medical Services	and Medical Imaging
93000	Exclude	Electrocardiogram, routine ECG with at least 12 leads; with inter	Medical Services	and Medical Imaging
90871	Exclude	Electroconvulsive therapy (includes necessary monitoring); multi	Medical Services	Therapy
90870	Exclude	Electroconvulsive therapy (includes necessary monitoring); singl	Medical Services	Therapy
87391	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	and Medical Imaging
87390	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	and Medical Imaging
86703	Exclude	Antibody; HIV-1 and HIV-2, single assay	Medical Services	and Medical Imaging
86702	Exclude	Antibody; HIV-2	Medical Services	and Medical Imaging
86701	Exclude	Antibody; HIV-1	Medical Services	and Medical Imaging
86689	Exclude	Antibody; HTLV or HIV antibody, confirmatory test (eg, WES)	Medical Services	and Medical Imaging
86593	Exclude	Syphilis test; quantitative	Medical Services	and Medical Imaging
86592	Exclude	Syphilis test; qualitative (eg, VDRL, RPR, ART)	Medical Services	and Medical Imaging
86585	Exclude	TB test tine test	Medical Services	and Medical Imaging
86580	Exclude	TB test (PPD)	Medical Services	and Medical Imaging
85652	Exclude	Sedimentation rate, erythrocyte; automated	Medical Services	and Medical Imaging
85651	Exclude	Sedimentation rate, erythrocyte; non-automated	Medical Services	and Medical Imaging

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
85048	Exclude	White blood cell (WBC) count	Medical Services	and Medical Imaging
85027	Exclude	Blood count; hemogram and platelet count, automated	Medical Services	and Medical Imaging
85025	Exclude	Blood count; hemogram and platelet count, automated, and automate	Medical Services	and Medical Imaging
85018	Exclude	Blood count; hemoglobin, colorimetric	Medical Services	and Medical Imaging
85014	Exclude	Blood count; hematocrit	Medical Services	and Medical Imaging
85013	Exclude	Blood count; spun microhematocrit	Medical Services	and Medical Imaging
85009	Exclude	Blood count; differential WBC count, buffy coat	Medical Services	and Medical Imaging
85008	Exclude	Blood count; manual blood smear examination without differential	Medical Services	and Medical Imaging
85007	Exclude	Blood count; manual differential WBC count (inc. RBC morphology a	Medical Services	and Medical Imaging
84703	Exclude	Gonadotropin, chorionic (HCG), qualitative	Medical Services	and Medical Imaging
84520	Exclude	Urea nitrogen, blood (BUN); quantitative	Medical Services	and Medical Imaging
84443	Exclude	Thyroid stimulating hormone(TSH), RIA or EIA	Medical Services	and Medical Imaging
84439	Exclude	Thyroxine; free	Medical Services	and Medical Imaging
84436	Exclude	Thyroxine; total	Medical Services	and Medical Imaging
84146	Exclude	Prolactin	Medical Services	and Medical Imaging
84132	Exclude	Potassium; blood	Medical Services	and Medical Imaging
84022	Exclude	Phenothiazines	Medical Services	and Medical Imaging
83992	Exclude	Phencyclidine (PCP)	Medical Services	and Medical Imaging
83925	Exclude	Opiates (morphine, meperidine)	Medical Services	and Medical Imaging
83840	Exclude	Methadone	Medical Services	and Medical Imaging
82977	Exclude	Glutamyltransferase (GGT)	Medical Services	and Medical Imaging
82948	Exclude	Glucose, blood, reagent strip	Medical Services	and Medical Imaging
82947	Exclude	Glucose, quantitative, blood (except reagent strip)	Medical Services	and Medical Imaging
82746	Exclude	Folic Acid	Medical Services	and Medical Imaging
82742	Exclude	Flurazepam	Medical Services	and Medical Imaging
82607	Exclude	Cyanocobalamin (Vitamin B12)	Medical Services	and Medical Imaging
82575	Exclude	Creatinine clearance	Medical Services	and Medical Imaging
82570	Exclude	Creatinine (other than serum)	Medical Services	and Medical Imaging
82565	Exclude	Creatinine; blood	Medical Services	and Medical Imaging
82533	Exclude	Cortisol, total	Medical Services	and Medical Imaging
82530	Exclude	Cortisol, free	Medical Services	and Medical Imaging
82520	Exclude	Cocaine, quantitative	Medical Services	and Medical Imaging
82465	Exclude	Cholesterol, serum or whole blood, total	Medical Services	and Medical Imaging
82382	Exclude	Urinary catechloamines	Medical Services	and Medical Imaging
82205	Exclude	Barbiturate, not elsewhere specified	Medical Services	and Medical Imaging
82145	Exclude	Amphetamine or methamphetamine, chemical, quantative	Medical Services	and Medical Imaging

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
82075	Exclude	Alcohol (ethanol), breath	Medical Services	and Medical Imaging
82055	Exclude	Alcohol (ethanol), blood, urine	Medical Services	and Medical Imaging
81050	Exclude	Volume measurement for timed collection, each	Medical Services	and Medical Imaging
81025	Exclude	Urine pregnancy test, by visual color comparison methods	Medical Services	and Medical Imaging
81005	Exclude	Urinalysis; qualitative or semiquantitative, except immunoassays	Medical Services	and Medical Imaging
81003	Exclude	Urinalysis, without microscopy	Medical Services	and Medical Imaging
81002	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
81001	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
81000	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
80420	Exclude	Dexamethasone suppression panel, 48 hour	Medical Services	and Medical Imaging
80299	Exclude	Quantitation of psychotropic drug, NOS	Medical Services	and Medical Imaging
80182	Exclude	Nortriptyline	Medical Services	and Medical Imaging
80178	Exclude	Lithium	Medical Services	and Medical Imaging
80174	Exclude	Imipramine	Medical Services	and Medical Imaging
80166	Exclude	Doxepin	Medical Services	and Medical Imaging
80164	Exclude	Valproic Acid	Medical Services	and Medical Imaging
80160	Exclude	Desipramine	Medical Services	and Medical Imaging
80156	Exclude	Carbamazepine	Medical Services	and Medical Imaging
80154	Exclude	Benzodiazepines	Medical Services	and Medical Imaging
80152	Exclude	Amitriptyline	Medical Services	and Medical Imaging
80076	Exclude	Hepatic function panel	Medical Services	and Medical Imaging
80061	Exclude	Lipid Panel	Medical Services	and Medical Imaging
80053	Exclude	Comprehensive metabolic panel	Medical Services	and Medical Imaging
80051	Exclude	Electrolyte panel	Medical Services	and Medical Imaging
80050	Exclude	General health panel	Medical Services	and Medical Imaging
80048	Exclude	Basic metabolic panel	Medical Services	and Medical Imaging
70553	Exclude	Magnetic resonance imaging, brain; without contrast material, fol	Medical Services	and Medical Imaging
70552	Exclude	Magnetic resonance imaging, brain; with contrast material	Medical Services	and Medical Imaging
70551	Exclude	Magnetic resonance imaging, brain; without contrast material	Medical Services	and Medical Imaging
70470	Exclude	Computerized axial tomography, head or brain: w/o contrast materi	Medical Services	and Medical Imaging
70460	Exclude	Computerized axial tomography, head or brain: with contrast mater	Medical Services	and Medical Imaging
70450	Exclude	Radiology/brain Tomography W/o	Medical Services	and Medical Imaging
W4031	Exclude	Job coaching and employment support (15 min.)	Rehabilitation Services	Supported Employment
W4030	Exclude	Pre-job training education and development (15 min.)	Rehabilitation Services	Supported Employment
W4020	Exclude	Health promotion (per person) (30 min.)	Rehabilitation Services	Health Promotion
H2027	Exclude	Psychoeducational service (pre-job training and development), per	Rehabilitation Services	Supported Employment

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(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
H2026	Exclude	Ongoing support to maintain employment, per diem	Rehabilitation Services	Supported Employment
H2025	Exclude	Ongoing support to maintain employment, per 15 minutes	Rehabilitation Services	Supported Employment
H0034	Exclude	(Health promotion) medication training and support, per 15 minute	Rehabilitation Services	Health Promotion
H0025	Exclude	Behavioral health prevention/promotion education service (service	Rehabilitation Services	Health Promotion
S2000	Exclude	Room and Board	Residential Services	Room and Board
H0046	Exclude	Mental Health Services NOS	Residential Services	Room and Board
Z3724	Exclude	Taxicab, per mile	Support Services	Transportation
Z3723	Exclude	Urban, wheelchair van, per mile	Support Services	Transportation
Z3722	Exclude	Urban stretcher van, per mile	Support Services	Transportation
Z3721	Exclude	Urban stretcher van, base rate	Support Services	Transportation
Z3717	Exclude	Non-ambulance waiting time (per half hour)	Support Services	Transportation
Z3715	Exclude	Helicopter taxi, non-emergency,	Support Services	Transportation
Z3655	Exclude	Non-covered ground ambulance mileage, per mile (miles traveled be	Support Services	Transportation
Z3648	Exclude	Ambulatory van, rural base rate	Support Services	Transportation
Z3647	Exclude	Rural, stretcher van, per mile	Support Services	Transportation
Z3646	Exclude	Rural, stretcher van, base rate	Support Services	Transportation
Z3645	Exclude	Rural, wheelchair van, per mile	Support Services	Transportation
Z3644	Exclude	Rural, wheelchair van, base rate	Support Services	Transportation
Z3643	Exclude	Rural, non-emergency transport coach van, per mile	Support Services	Transportation
Z3621	Exclude	Ambulatory van, urban base rate	Support Services	Transportation
Z3620	Exclude	Urban non-emergency transport, coach van, per mile	Support Services	Transportation
Z3610	Exclude	Private vehicle, per mile	Support Services	Transportation
Z2999	Exclude	Special transport	Support Services	Transportation
W4043	Exclude	Case management out of office (15 min.)	Support Services	Case Management
W4042	Exclude	Case management office (15 min.)	Support Services	Case Management
W4041	Exclude	Case management-behavioral health professional-out of office (15	Support Services	Case Management
W4040	Exclude	Case management-behavioral health professional-office (15 min.)	Support Services	Case Management
T2049	Exclude	Non emergency transport, stretcher van	Support Services	Transportation
T2007	Exclude	Transportation waiting time, air ambulance and non-emergency vehi	Support Services	Transportation
T2005	Exclude	Non-emergency transportation, non-ambulatory stretcher van	Support Services	Transportation
T2003	Exclude	Non-emergency transportation; encounter/trip	Support Services	Transportation
T1016	Exclude	Office case management by behavioral health professional, each 15	Support Services	Case Management
T1013	Exclude	Sign language or oral interpretive services	Support Services	Interpreter Services
S7001	Exclude	Interpreter services to assist clients	Support Services	Interpreter Services
S6000	Exclude	Flex Funded Service	Support Services	Flex Fund Services
S0215	Exclude	Non-emergency transportation mileage, per mile	Support Services	Transportation

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
S0209	Exclude	Wheelchair van mileage, per mile	Support Services	Transportation
A0999	Exclude	Unlisted ambulance service . Determine if an alternative nationa	Support Services	Transportation
A0888	Exclude	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	Support Services	Transportation
A0436	Exclude	Rotary wing air mileage, per statute mile	Support Services	Transportation
A0435	Exclude	Fixed wing air mileage, per statute mile	Support Services	Transportation
A0434	Exclude	Specialty care transport (SCT)	Support Services	Transportation
A0431	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0430	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0429	Exclude	Ambulance service; basic life support base rate, emergent. transp	Support Services	Transportation
A0428	Exclude	Ambulance service; basic life support base rate, non-emergency tr	Support Services	Transportation
A0427	Exclude	Ambulance service, advanced life support, emergency transport, le	Support Services	Transportation
A0426	Exclude	Ambulance service, advanced life support, non-emergent. transport	Support Services	Transportation
A0425	Exclude	Ground mileage, per mile	Support Services	Transportation
A0422	Exclude	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaini	Support Services	Transportation
A0420	Exclude	Ambulance waiting time (ALS or BLS), 1/2 hour increments	Support Services	Transportation
A0398	Exclude	ALS routine disposable supplies	Support Services	Transportation
A0382	Exclude	BLS routine disposable supplies	Support Services	Transportation
A0210	Exclude	Non-emergency transport: ancillary services-meals-escort	Support Services	Transportation
A0200	Exclude	Non-emergency transport: ancillary services-lodging -escort	Support Services	Transportation
A0190	Exclude	Non-emergency transport: ancillary services-meals-recipient	Support Services	Transportation
A0180	Exclude	Non-emergency transport: ancillary services-lodging-recipient	Support Services	Transportation
A0170	Exclude	Non-emergency transport: ancillary services-parking fees, tolls,	Support Services	Transportation
A0160	Exclude	Non-emergency transport; mile - case worker or social worker	Support Services	Transportation
A0140	Exclude	Non-emergency transport; and air travel (private or commercial) i	Support Services	Transportation
A0130	Exclude	Non-emergency transport; wheel-chair van., base rate	Support Services	Transportation
A0120	Exclude	Non-emergency transportation: mini-bus, mountain area transports	Support Services	Transportation
A0110	Exclude	Non-emergency transport via intra- or interstate carrier	Support Services	Transportation
A0100	Exclude	Non-emergency transport; taxi, intra-city, base rate	Support Services	Transportation
A0090	Exclude	Non-emergency transportation, per mile, vehicle provided by indiv	Support Services	Transportation
99373	Exclude	Telephone call, complex or lengthy (eg, lengthy counseling sessio	Support Services	Case Management
99372	Exclude	Telephone call, intermediate (eg, to provide advice to an establi	Support Services	Case Management
99371	Exclude	Telephone call by a physician or for consultation or medical mana	Support Services	Case Management
99362	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
99361	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
90889	Exclude	Preparation of report of patient's psychiatric status, history, t	Support Services	Case Management
90887	Exclude	Interpretation or explanation of results of psychiatric, other me	Support Services	Case Management

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Ongoing Service Procedure Codes)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90882	Exclude	Environmental intervention for medical management purposes on a p	Support Services	Case Management
S9000	Exclude	Auricular Acupuncture	Treatment Services	Other Professional
W4005	Exclude	Assessment comprehensive(30 min.)	Treatment Services	Assessment and
W4003	Exclude	Screening(15 min.)	Treatment Services	Assessment and
W4002	Exclude	Assessment rehabilitative employment support (30 min.)	Treatment Services	Assessment and
W4001	Exclude	Assessment general(30 min.)	Treatment Services	Assessment and
H0031	Exclude	Mental health assessment, by non-physician 30 minute increments	Treatment Services	Assessment and
H0002	Exclude	Behavioral health screening to determine eligibility for admissio	Treatment Services	Assessment and
99275	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99274	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99273	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99272	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99271	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99245	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99244	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99243	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99242	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99241	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
96117	Exclude	Neuropsychological testing battery (eg, Halstead-Reitan, Luria, W	Treatment Services	Assessment and
96115	Exclude	Neurobehavioral status exam (clinical assessment of thinking, rea	Treatment Services	Assessment and
96111	Exclude	Developmental testing: extended (includes assessment of motor, l	Treatment Services	Assessment and
96110	Exclude	Developmental testing; limited (eg, developmental screening test	Treatment Services	Assessment and
96100	Exclude	Psychological testing (includes psychodiagnostic assessment of pe	Treatment Services	Assessment and
90899	Exclude	Unlisted psychiatric service or procedure	Treatment Services	Other Professional
90885	Exclude	Psychiatric evaluation of hospital records, other psychiatric rep	Treatment Services	Assessment and
36415	Exclude	Collection of venous blood by venipuncture	Laboratory, Radiology and Medical Imaging	Medical Management

Attachment B

Access to Care: Assessment to First Service Minimum Performance Standards for Usable Data

Timeframe	How Measured	Minimum Performance Standard	Benchmark Performance Standard
Quarter 1 (July 1 – September 30)	Compare the number of members with an effective enrollment date during Quarter 1 (July - September) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (July through September).	35%	70%
Quarter 2 (October 1 – December 31)	Compare the number of members with an effective enrollment date during the reporting quarter (October - December) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (October - December). Refresh the encounter data for the previous reporting quarter and restate Quarter 1 (July – September)	45%	75%
Quarter 3 (January 1 – March 31)	Compare the number of members with an effective enrollment date during the reporting quarter (January - March) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (January - March). Refresh the encounter data for the previous two reporting quarters and restate Quarter 1 (July – September) & Quarter 2 (October – December)	55%	80%
Quarter 4 (April 1 – June 30)	Compare the number of members with an effective enrollment date during the reporting quarter (April - June) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (April - June). Refresh the encounter data for the previous three reporting quarters and restate Quarter 1 (July – September), Quarter 2 (October – December), and Quarter 3 (January – March)	65%	85%
Annual Summary Annual summary FY 2006 due by March 1, 2007	Annual Fiscal Year Summary. Compare the number of members with an effective enrollment date during each of the 4 quarters of FY06 (July 1, 2005 – June 30, 2006) with encounter data for an assessment, to the number of members with an effective enrollment date during each of the 4 reporting quarters (July 1, 2005 – June 30, 2006).	85%	85%

COORDINATION OF CARE

DESCRIPTION

1. Behavioral health service providers communicate with and attempt to coordinate care with the behavioral health recipient's acute health plan PCP.
2. The disposition of the referral is communicated to the PCP / Health Plan, within 30 days of the initial assessment or, if services are declined, within 30 days of the referral.

MINIMUM PERFORMANCE STANDARD

1. Minimum: 70%
Goal: 80%
Benchmark: 90%
2. Minimum: 80%
Goal: 90%
Benchmark: 95%

METHODOLOGY

COORDINATION OF CARE

Population

1. Title XIX/XXI eligible children and adults with SMI or a chronic medical condition on Axis III.
2. Title XIX/XXI eligible children and adults referred for behavioral health services.

Reporting Frequency

Quarterly.

Data Source

1. Client Information System (CIS), RBHA-submitted documentation.
2. Referral logs, RBHA-submitted documentation.

Calculation

1. Numerator = Number of records that contain documentation of coordination of care.
Denominator = Sample of demographic records for TXIX/XXI behavioral health recipients with SMI or a chronic medical condition on Axis III.

To determine if the record meets the requirements for coordination of care, the reviewer must review to determine if the following has occurred:

At a minimum, the individual's diagnosis and current prescribed medications (including strength and dosage) must be provided to the individual's assigned PCP. Answer YES if the required or requested coordination of care documentation is present. Answer NO if there is no documentation of communication with the PCP.

2. Numerator = Number of records that contain documentation of communication of the disposition back to the PCP / Health Plan
- Denominator = Number of behavioral health recipients referred by the PCP / Health Plan.

Answer YES if documentation is present indicating the behavioral health provider has communicated the disposition of the referral to the PCP / Health Plan within 30 days of the initial assessment. If services were declined, answer YES if documentation is present indicating the disposition was communicated to the PCP / Health Plan within 30 days of the referral. Answer NO, if there was a request and documentation is not located or if the disposition was dated greater than 30 days after the initial assessment / referral.

Record Selection

1. Samples are drawn randomly at the GSA level using a 90% confidence level with a 5% error rate. Sample numbers are distributed proportionately between Children and Adult populations.
2. 100% of behavioral health recipients referred by the PCP / Health Plan during the first month of the reporting quarter. If 100% equals a total number of records equal to or greater than 100, a sample will be randomly drawn using a 90% confidence level with a 5% error rate. Sample numbers will be distributed proportionately between Children and Adult populations.

Data Reporting

Data is reported by GSA and population (child, adult).

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

APPROPRIATENESS OF SERVICES

DESCRIPTION

The types and intensity of services, including case management, are provided based on the behavioral health recipient's assessment and treatment recommendations.

MINIMUM PERFORMANCE STANDARD

Minimum: 85%

Goal: 90%

Benchmark: 95%

METHODOLOGY

Population

Sample of TXIX/XXI eligible children and adults receiving behavioral health services.

Reporting Frequency

Annually.

Data Source

Medical record

Data Collection

Through the annual ADHS/DBHS Administrative Review, 40 records per GSA are reviewed, consisting of 10 records per population: SMI, GMH, SA, and Child.

Calculation

Identified records are reviewed to assess the RBHA's compliance with Standard CS 2.0:

Numerator = Number of TXIX/XXI records where the services delivered were determined to be appropriate.

Denominator = Number of TXIX/XXI records reviewed.

Data Reporting

Data is reported by GSA and population (child, adult)

QUALITY CONTROL

The quality and objectivity of ADHS/DBHS chart reviews is ensured through staff trainings and ongoing inter-rater reliability tests.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

SUFFICIENCY OF ASSESSMENTS

DESCRIPTION

Assessments are sufficiently comprehensive for the development of functional treatment recommendations.

MINIMUM PERFORMANCE STANDARD

Minimum: 85%
Goal: 90%
Benchmark: 95%

METHODOLOGY

Population

All Title XIX/XXI eligible children and adults with a demographic record.

Reporting Frequency

Quarterly.

Data Source

Client Information System (CIS).

Calculation

Numerator = Number of demographic records for TXIX/XXI behavioral health recipients accepted as complete.

Denominator = Number of demographic records submitted for TXIX/XXI behavioral health recipients.

Data Reporting

Data is reported by GSA and population (child, adult).

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.